

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/868907 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
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TOTAL IND.	1		↓		↓	↓
TOTAL DEP.	2		↔		↔	↔
TOTAL CLAIMS	3	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.			↓		↓			
TOTAL DEP.			↔		↔		↔	
TOTAL CLAIMS		[REDACTED]						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS